



Lighting the Way in Quality Behavioral Health Services

July 24, 2006

Mr. Michael J. Koehler, Esq.
Nicholas, Perot, Smith, Koehler & Wall
Attorneys & Counselors at Law
2527 West 26th Street
Erie, PA 16506

RE: Ryan Ford (DOB: 2/11/97)

Dear Attorney Koehler:

This letter is in response to your request for a narrative report regarding the treatment of Ryan Ford. Please note that I did not initially evaluate Ryan until approximately eight months after the accident in question. I did an initial psychiatric evaluation on Ryan on September 16, 2003 and saw him for follow up on two subsequent occasions with my last contact being April 2, 2004. He also was seen by the nurse practitioner in our clinic on two occasions in that same interval.

- A. **Description of Injury:** It was reported to me that Ryan was involved in an accident in January 2003 where a piece of exercise equipment closed upon him with the bar pressing against his chest so he was unable to breathe. It was reported to me that he was discovered by his father and he was described as being "blue". He was treated medically initially at Hamot Medical Center and then at Children's Hospital of Pittsburgh. It was reported to me that he was in the intensive care unit there for several days. He was noted to have been unconscious for hours following the episode and there was concern of probable brain injury due to hypoxia.
- B. **Patient complaints, physical exam findings, and diagnostic testing:** At the time of my evaluation of Ryan the family described a significant decrement in his level of functioning. Prior to the accident he was noted to cross his arms and state, "You made me mad" when angry. Following the accident, however, he would become very physically aggressive towards others with very little provocation. He was noted to be much more impulsive. His attention span was noted to be very short with him changing activities frequently and getting frustrated quickly. He was also reportedly to be having problems with nightmares. He would fall asleep fairly quickly, but then awaken with nightmares of a monster that would eat people and was trying to eat him. The family reported at the time of my evaluation that these were beginning to improve to some degree. He was not noted to have other symptoms of a mood disorder. He was not making any significant suicidal or homicidal threats, though occasionally when angry he would say that he wished that he was dead but would never act in furtherance and these thoughts would disappear as soon as he would calm down.



Attorney Koehler

July 24, 2006

Page Two

- C. **Diagnoses:** Attention Deficit Hyperactivity Disorder due to hypoxic brain injury and Rule out Anxiety Disorder NOS.
- D. **Causation, within a reasonable degree of medical certainty, to the exercise bike incident:** The history presented shows a clear decrement in functioning following the injury. Symptoms seen are common sequelae of hypoxic brain injuries and, therefore, it is my feeling that the accident likely exacerbated if not caused the symptoms. Without him having an evaluation for Attention Deficit Hyperactivity Disorder prior to the accident it is difficult to know whether there was any pre-existing difficulties in this area or whether the symptoms were completely *de novo* from the injury.
- E. **Treatment:** Ryan was started on methylphenidate in the form of Metadate CD initially 10 mg in the morning. This showed benefit for his attention and frustration tolerance during the school day, though as it wore off he would become much more impulsive and inattentive at home. An after school dose of immediate release methylphenidate was added in the Fall of 2003, which did provide further benefits. His mother did ultimately discontinue the medication by the Spring 2004 because he was having significant appetite suppression as a side effect. His mother reported that he was continuing to function well without the medication, but with psychotherapeutic supports. That was the last report I have of his behavior.
- F. **Describe the degree of pain and discomfort associated with diagnosed medical condition (s) including intensity of pain, frequency of pain, and degree of severity:** Ryan's attention deficit symptoms would not cause any physical pain or discomfort; however, the presence of low frustration tolerance results in him becoming angry very quickly even with relatively mild precipitants. He also did have the development of nightmares by report after the accident that were significantly distressing to him, though those were improving by the time of my initial contact.
- G. **Prognosis:** I am unable to provide significance guidance in this area, as he has not been seen in this facility for over two years.
- H. **Approximate cost of projected future medical treatments in today's dollars:** I am unaware of his current condition, and therefore unable to make any projections.

Very truly yours,



Robert E. Wilson, M.D., Ph.D.

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